

PTO/SB/30 (10-01)

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number 09/296,582

Filing Date April 23, 1999

First Named Inventor John R. Peery

Art Unit 3763

Examiner Name J. Maynard

Attorney Docket Number 3139-6163 US (ARC 2280 R1)

FAX RECEIVED**DEC 22 2005****OFFICE OF PETITIONS**

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. 1.114**

a. ☐ Previously submittedi. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____iii. ☐ Other _____b. ☐ Enclosedi. ☐ Amendment/Replyii. ☐ Affidavit(s)/Declaration(s)iii. ☒ Information Disclosure Statement (IDS)iv. ☐ Other _____

2. **Miscellaneous**

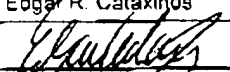
a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)b. ☒ Other Petition for Withdrawal from Issue

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 20-1469i. ☒ RCE fee required under 37 C.F.R. 1.17(e)ii. ☐ Extension of time fee (37 C.F.R. 1.136 and 1.17)iii. ☒ Other Petition Feeb. ☐ Check in the amount of \$_____ enclosedc. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	Edgar R. Cataxinos	Registration No. (Attorney/Agent)	39,931
Signature		Date	December 22, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents (Fax No. (571) 273-0025) on the date shown below.

Name (Print /Type)	Emily Stevens	Date	December 22, 2005
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Mail Stop RCE, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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